

#5

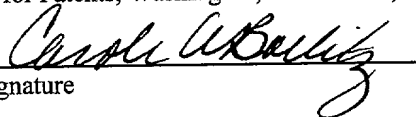
ATTORNEY'S DOCKET NO: **H0649/7001 RJP/CAB**  
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Andrew Sternlicht  
Serial No: 10/067,087  
Confirmation No.: 7590  
Filed: February 4, 2002  
For: SYSTEM, METHOD, AND COMPUTER PROGRAM PRODUCT  
FOR MEDICAL TREATMENT  
Examiner: Not yet assigned  
Art Unit: Not yet assigned

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**CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)**

The undersigned hereby certifies that this document is being placed in the United States mail with first-class postage attached, addressed to Box Missing Parts, Commissioner for Patents, Washington, D.C. 20231, on May 1, 2002.

  
Signature

Box Missing Parts  
Commissioner for Patents  
Washington, D.C. 20231

Sir:

**PRELIMINARY AMENDMENT**

Prior to consideration on the merits, please amend the above-identified application as follows:

In the Figures

Applicant is submitting under a separate letter to the Official Draftsperson proposed amendments to Fig. 28B.

In the Specification

Please amend the specification of the above application as follows:

Please replace the paragraph beginning 30 of page 35 as follows.

Such a system may be implemented in software or hardware or firmware, or any combination thereof. The various elements of the system, either individually or in combination, may be implemented as a computer program product.

What is claimed is: --

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**REMARKS**

Prior to consideration to the merits, please consider the enclosed amendment.

Claims 1-63 are pending in this application. By this amendment, Applicant is adding to the specification and amending Figure 28B as previously filed but not labeled. No new matter has been added.

More particularly, this is a preliminary amendment in which the Applicant has amended page 35 of the specification to remove an incomplete sentence and to add a reference to the following claims. No new matter has been added.

In response to the Notification that Fig. 28B was omitted from the application, Applicant respectfully submits the amended Fig. 28B indicating, in red ink, the title of the page as Fig. 28B. This figure without the title was in fact deposited in the U.S. Patent and Trademark Office with the non-provisional application papers on February 4, 2002. No new matter has been added.

**CONCLUSION AND REQUEST FOR RECONSIDERATION**


A favorable first office action is hereby respectfully requested.

If, for any reason, the Examiner is of the opinion that a telephone conversation with Applicants' representative would expedite prosecution, the Examiner is requested to contact the undersigned at (617) 720-3500.

If this response is not considered timely filed and if a request for an extension of time is otherwise absent, Applicant hereby requests any necessary extension of time. If there is a fee occasioned by this response, including an extension fee that is not covered by an enclosed check, please charge any deficiency to Deposit Account No. 23/2825.

Enclosed is a check in the amount of \$1,078.00 for the filing fee, petition fee and surcharge fee. Please charge any deficiencies or credit any overpayments to Deposit Account No. 23/2825.

Respectfully submitted,

By:   
Carole A. Boelitz, Reg. No. 48,938  
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Telephone (617) 720-3500

Docket No. H0649/7001  
Dated: May 1, 2002  
x05/1/02

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# THE UNIVERSITY OF CHICAGO

20. Do you have any problems sleeping? <input type="checkbox"/> no <input type="checkbox"/> yes Describe _____	SLEEP/REST
21. Do you have enough energy for your daily activities? <input type="checkbox"/> no <input type="checkbox"/> yes Describe _____	
22. Do you have any problems with <input type="checkbox"/> memory <input type="checkbox"/> vision <input type="checkbox"/> hearing? Describe _____	COGNITIVE/ PERCEPTUAL
23. Do you any questions or concerns about your sexuality/reproductive system? <input type="checkbox"/> no <input type="checkbox"/> yes List _____	SEXUALITY/ REPRODUCTIVE
24. How are you coping with your health issues at the present time? _____	COPING/STRESS
25. Has your illness changed your life significantly? <input type="checkbox"/> no <input type="checkbox"/> yes Describe _____	SELF PERCEPTION
26. Who are the important people to be involved in your care? _____	ROLE/RELATIONSHIP
27. Who shall we contact in the event of any emergency? Telephone _____	
28. Do you have a health care proxy? <input type="checkbox"/> no <input type="checkbox"/> yes name _____	<input type="checkbox"/> Proxy in chart
29. Are there any religious practices that we can support? <input type="checkbox"/> no <input type="checkbox"/> yes Describe _____	VALUE/BELIEF
30. Are there any needs medically and personally that we can assist you with? <input type="checkbox"/> no <input type="checkbox"/> yes List _____	
<b>NURSING ISSUES TO BE ADDRESSED</b>	
Information obtained from _____ Nursing Signature _____ Date _____	